

## HISTORY FACILITY PROFILE

MESA VISTA, INC  
394 W 400 N  
OREM UT 84057  
STATE'S REGION CODE: 001

PROVIDER #: 46G006  
PHONE NUMBER: (801) 225-9292  
PARTICIPATION DATE: 07/25/1979

FACILITY BEDS  
TOTAL: 54  
CERTIFIED: 54

TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: PRIVATE PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 09/19/2002		LTC AGREEMENT DATES		TOTAL CERTIFIED BEDS: 54			
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TOTAL:	54	BEGINNING:	11/01/2002	18	18/19	19	ICF/MR
MEDICARE:	0	ENDING:	08/31/2003	--	----	--	-----
MEDICAID:	0	EXTENSION:					54
OTHER:	0	ADMISSION SUSPENDED:					
		SUSPENSION RESCINDED:					

CURRENT SURVEY REVISIT DATES - 10/29/2002

PRIOR 3 SURVEY 08/1999	PRIOR 2 SURVEY 08/2000	PRIOR 1 SURVEY 08/2001	CURRENT SURVEY 09/19/2002	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
		X			STD W0108-COMPLIANCE WITH SAFETY LAWS
X	X	X	X C	10/20/2002	STD W0109-COMPLIANCE WITH SANITATION LAWS
		X			STD W0112-INFORMATION IN CLIENT RECORDS KEPT CONFIDENTIAL
	X				STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
X					STD W0130-PRIVACY DURING CARE AND TREATMENT IS ENSURED
X					COP * W0195-ACTIVE TREATMENT SERVICES
X		X			STD * W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
X					STD W0231-OBJECTIVES PROVIDE MEASURABLE INDICES OF PERFORMANCE
X					STD W0237-TRAINING PROGRAM SPECIFIES TYPE OF DATA
			X C	10/01/2002	STD * W0242-PROGRAM PLAN INCLUDES TRAINING IN PERSONAL SKILLS
X					STD * W0255-IPP REVIEWED, REVISED WHEN OBJECTIVE COMPLETED
X					STD * W0256-IPP REVIEWED, REVISED WHEN CLIENT IS REGRESSING, LOSING S
X					COP * W0266-CLIENT BEHAVIOR AND FACILITY PRACTICES
X					STD W0278-INSURE THAT LESS INTRUSIVE TECHNIQUES ARE TRIED FIRST
X					STD * W0285-INTERVENTIONS APPLIED WITH SUFFICIENT SAFEGUARDS
X					STD * W0288-BEHAVIOR MANAGEMENT NOT USED AS SUBSTITUTE FOR ACTIVE TRE
		X			STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
		X			STD W0377-DRUGS STORED UNDER PROPER SANITATION
		X			STD W0390-OUTDATED DRUGS REMOVED FROM USE
		X			STD W0391-DRUG CONTAINERS WITH WORN, ILLEGIBLE LABELS REMOVED FROM
X					STD W0411-BEDROOMS ACCOMMODATE NO MORE THAN 4 CLIENTS
	X				STD W0429-FACILITY MAINTAINS NORMAL TEMPERATURE, HUMIDITY
		X			STD W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS
		X			STD W0435-SUFFICIENT SPACE, EQUIPMENT TO PROVIDE NEEDED SERVICES
		X			STD W0472-FOOD SERVED IN APPROPRIATE QUANTITY
		X			STD W0478-MENUS PROVIDE VARIETY OF FOOD AT EACH MEAL

## EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY 08/1999	85 EXIST PRIOR 2 SURVEY 08/2000	85 EXIST PRIOR 1 SURVEY 08/2001	85 EXIST CURRENT SURVEY 09/17/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
		X			K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
		X			K0046-EMERGENCY LIGHTING
			X C	10/01/2002	K0050-FIRE DRILLS
			X F		K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	10/20/2002	K0061-MAIN SPRINKLER CONTROL
X		X			K0062-SPRINKLER SYSTEM MAINTENANCE
X					K0076-MEDICAL GAS SYSTEM
		X	X C	10/03/2002	K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	2
STANDARD	2	12	3	12
REGIONAL OFFICE FLAG (INCLUDES COPS)	1	1	0	7
HEALTH TOTAL	2	12	3	14
LIFE SAFETY CODE	4	4	0	2
LIFE SAFETY CODE + HEALTH	6	16	3	16

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP	0	0	0

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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07/21/1999	UNSUBSTANTIATED
06/21/2000	UNSUBSTANTIATED
08/03/2000	UNSUBSTANTIATED
08/22/2001	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION    N=NO DATE GIVEN    P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    F=FSSES    X=DEFICIENT  
COP = CONDITION    REQ = REQUIREMENT